



CCC BHP Initial Appointment Note Template

- Date:
- Visit Duration:
 - 15 minutes
 - 30 minutes
 - 45 minutes
 - 60 minutes
- Type:
 - Individual
 - Family
 - Conjoint (e.g., with PCP)
 - Group
 - Other: Specify _____
 - Scheduled
 - Walk in
 - Warm hand-off
- Reason for referral/Chief complaint:
 - Anxiety/PTSD
 - Bereavement/grief
 - Chronic illness management
 - Adjustment to medical condition: Specify__
 - Diabetes
 - Pain
 - Other: Specify_____
 - Depression
 - Positive depression screen
 - Positive PTSD screen
 - Positive AUDIT C screen
 - Relapse prevention
 - Relationship/marital concern
 - Sleep concerns: Specify_____
 - Stress: Specify_____
 - Substance misuse
 - Tobacco use cessation
 - Weight management
 - Wellness intervention
 - Other: Specify _____
- Referred by:
 - PCP

- Self
 - Other: Specify _____
- PCP's concern:
- IPC BHP's role explained to Vet:
 - Yes
 - No
- Screening:
 - PCL (Post Traumatic Stress Disorder Checklist)
 - PHQ-9 (Patient Questionnaire- Nine Symptom Checklist)
 - AUDIT-C (Alcohol Use Disorders Identification Test)
 - Other: Specify _____
- Session Focus: (free text, with prompts)
 - *Prompt:* Vet's statement of goal and concerns in his/her own words: (*free text*)
 - *Prompt:* Problem, noting frequency, intensity, duration, and hx
 - *Prompt:* Past behavioral health tx
- Functional Assessment (checkboxes, providing details as indicated)
 - Caffeine:
 - Close relationships:
 - ETOH:
 - Health and medical concerns:
 - Mood:
 - Non prescription drugs:
 - Pain (0-10)
 - Current:
 - Usual:
 - Best:
 - Worst:
 - Physical Activity:
 - Recreation :
 - Sleep:
 - Tobacco:
 - Work:
- Intervention:
 - Behavioral self-management
 - Anger management
 - Chronic illness management
 - Pain
 - Diabetes
 - Other: Specify _____
 - Communication skills
 - Healthy lifestyle behaviors
 - Insomnia intervention
 - Relapse prevention
 - Relaxation

- Deep breathing
 - PMR
 - Stimulus control
 - Visualization
 - Other: Specify _____
 - Social support facilitation
 - Other: Specify _____
 - Care facilitation: (e.g., arranged medical appointments, facilitated linkage with other programs or services)
Specify _____
 - Cognitive intervention
 - Goal setting (S.M.A.R.T.)
 - Medication support
 - Motivational interviewing
 - Supportive intervention
 - WRAP/Recovery support
- Patient education
 - Verbal
 - Written handouts
 - Specific handout: _____
Link to CIH share point site containing educational materials =
<http://vaww.visn2.portal.va.gov/sites/natl/cih/default.aspx>-
- Diagnostic Impressions
 - Summary statement from Functional Assessment: (*free text*)
- Lethality
 - Behavioral Health Suicide Risk Assessment Note Completed today. See separate note dated (today's date).
 - Behavioral Health Suicide Risk Assessment Note Completed previously (within the past year) by _____. See note dated _____.
 - Pt. reports suicidal or homicidal *ideations*.
 - Yes: Specify _____
 - No
 - Pt. reports suicidal or homicidal *plans*.
 - Yes: Specify _____
 - No
 - Pt. reports suicidal or homicidal *intentions*.
 - Yes: Specify _____
 - No: _____
- Risk level impression
 - High risk: requires psychiatric stabilization at an increased frequency or level of care

- Intermediate risk: significant ongoing suicide risk but pt stable under current circumstances
- Low risk: presence of risk minimal but ongoing monitoring is warranted,
- Minimal risk: inconsequential level of risk
Justification: _____
- Plan for management of lethality concerns
 - No treatment indicated at present,
 - Outpatient
 - Inpatient
 - Triage/ED
 - Other: Specify _____
- Patient Provided with:
 - Clinic and hotline contact information,
 - Appointment card and next step details
 - Managing risks/seeking help information and literature
- Pt. self management plan (*free text*)
 - Encourage patient specific “SMART” goals
Specify: _____
 - Interdisciplinary treatment planning involving
 - PCP
 - Nurse
 - Dietician
 - Pharmacy
 - Medical social work
 - Psychiatric prescriber
 - Other PCP team member: Specify _____
 - Non-IPC provider: (e.g., specialty medical or MH clinician)
Specify: _____
- Follow-up
 - BHP to consult with PCP about medications or other management suggestions
 - No follow-up needed
 - Patient already seeing specialty mental health provider; no further IPC behavioral health treatment planned
 - Referral to Behavioral Health Assessment Call Center (link to CPRS consult) for:
 - Core Assessment (additional screening)
 - Depression monitoring
 - Referral management program
 - Phone support when referring clinician not available

- Other: Specify: _____
- Facilitated linkage to specialty mental health provider/program
 - Appointment scheduled with _____ on _____
 - Consult for _____ placed
- Facilitated linkage for medication appointment with psychiatric prescriber
 - In PC
 - In specialty mental health program
 - Via telemedicine
 - Appointment scheduled with _____ on _____
 - Consult for _____ placed
- Referral to community resource/agency
- Referral to other VA services: _____
- Refused follow-up
- Return for IPC BHP follow-up
 - 1 week: Date _____
 - 2 weeks: Date _____
 - 3 weeks: Date _____
 - 4 weeks: Date _____
 - > 4 weeks: Date _____
 - BHP telephone follow up: Date _____
- Clinical reminders completed
- PCP provided with feedback (multiple routes)
 - View alert/Additional signer
 - In person
 - By phone
 - VISTA, GUI, or Secured Messaging
 - Written note